



New Member Forms to Complete

October 2022

Application For Membership In Oxford House

To be accepted in an Oxford House an applicant must complete both sides of this application and be interviewed by the residents of the particular Oxford House to which the applicant is applying. The residents of the house then vote on acceptance. An 80% affirmative vote is needed to be accepted. Carefully read the application and honestly answer the questions. Living in an Oxford House is special and if you understand its value it can help you achieve comfortable sobriety without relapse.

1. Print Name (Last, First, Middle)			3. Date of Birth		
			Month	Day	Year
2. Present address (Street) Check if treatment facility <input type="checkbox"/>			4. Phone Where You Can Be Reached Home ()		
City	State	Zip	Work ()		
5. Are you an Alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No		6. Date of Your Last Drink?	9. List drugs you used addictively:		
7. Are you addicted to drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Date of last drug use?			
10. When did you attend your first AA or NA meeting?			11. How many AA/NA meeting do you now attend each week?		
12. Do you want to stop drinking alcohol and using addictive drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			13. Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" who is your employer?		
14. Are you getting welfare or other non-job related income? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what?			15. If you do not have a job will you get one? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" what job plans do you have?		
16. What is your <u>monthly</u> income right now? \$ _____			17. What do you expect your monthly income to be next month? \$ _____		
18. Marital status [Check One] <input type="checkbox"/> Married, <input type="checkbox"/> Never Married, <input type="checkbox"/> Separated, <input type="checkbox"/> Divorced			19. Do you have a medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the doctor's name and phone number:		
20. Have you ever been to a treatment facility for alcoholism and/or drug addiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list the treatment provider, phone number and primary counselor, if any.			21. Do you take prescription drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" list drugs and reason the drug has been prescribed.		
Please complete the other side of this application. 					

22. Date of move in ? Immediately Other -- If "other" list the date you would want to move in, if accepted, and why the date is in the future rather than immediately. Date: _____ Reason:

23. Have you ever lived in an Oxford House before? Yes No If "yes," provide the name and location of the Oxford House below and answer question 24.

24. [Answer this question if the answer to question 23 was "yes."] I left the previous Oxford House for the following reason: [check one]
 relapse, voluntarily, other reason(s) _____
 I, did or do not owe money to the Oxford House I left. If I did owe money to the Oxford House I left, I will agree to repay the money I owed to my former Oxford House. Yes No

25. Emergency Telephone Numbers. [[List family doctor, if you have one, + two family members or friends]

Name and Address	Relationship	Telephone
1-		
2-		
3-		

26. I realize that the Oxford House to which I am applying for residency has been established in compliance with the conditions of § 2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, as amended, which provides that federal money loaned to start the house requires the house residents to (A) prohibit all residents from using any alcohol or illegal drugs, (B) expel any resident who violates such prohibition, (C) equally share household expenses including the monthly lease payment, among all residents, and (D) utilize democratic decision making within the group including inclusion in and expulsion from the group. In accepting these terms, the applicant excludes himself or herself from the normal due process afforded by local landlord-tenant laws.

27. Use this space for additional relevant information:

28. I have read all of the material on this application form including the limitations set forth in item 26. I have also answered each question honestly and want to achieve comfortable recovery from alcoholism and/or drug addiction without relapse.

SIGNATURE: _____ **DATE:** _____

FOR USE BY OXFORD HOUSE

ACCEPTED NOT ACCEPTED MOVE IN DATE _____ MOVE OUT DATE: _____

HOUSE KEYS RETURNED YES NO OUTSTANDING DEBT TO HOUSE \$ _____ DATE REPAID _____



**Insert copy of your
house rules**

Oxford House Membership Contract

Oxford House - _____
(Chapter ____)

I, _____, as a member of an Oxford House, agree to abide by the rules of the house. I understand that if the house determines I have had a recurrence of use, I will be expelled from the house effective immediately. Whether or not I have had a recurrence of use will be determined by a majority vote of house members. A urinalysis/breath analyzer is not required although refusal to submit to one if asked by the house or chapter will be considered an admission of a recurrence of use. Absence from the house for longer than three days that is not pre-arranged may be considered a recurrence of use and if I do so, the house may vote that a recurrence of use has occurred and expel me in my absence. I understand that otherwise, I have a right to be present at any house meeting addressing my possible recurrence of use and I have the right to participate in the vote.

I understand that criminal activity, physical violence, threats of physical violence, allowing a guest in the house who is actively using, and failure to bring a house member's recurrence of use to the attention of the house will cause me to be expelled for disruptive behavior effective immediately. I understand that if I am placed on a disruptive behavior contract (including for non-payment of Equal Expense Share (EES)) and violate the terms of that contract, I may be expelled for disruptive behavior effective immediately.

In case of expulsion or if I move out without notice, any unused portion of my EES will be returned to me as soon as is reasonably possible, but no later than within 30 days of my departure. If any portion of my EES has been paid by a third party, I understand that the unused EES will be returned to that organization.

I also agree to the following terms as to the disposition of my personal belongings if I am expelled or voluntarily move out of the house without removing my possessions.

1. I am expected to remove my property from the house within 72 hours. During this time the house will not do anything with my property except in case of emergency. If unable, I may authorize a third party to remove my belongings. A signed, written authorization must be given to the house membership prior to a third-party taking possession of my property.
2. After 72 hours, the house members will pack up and store my belongings up to 30 days from my departure.
3. If I have not removed my property within 30 days or made other arrangements satisfactory to the majority of the house membership, my possessions will be disposed of and/or donated to a charitable organization.

I understand and accept the above procedures as policy of the Oxford House organization.

Name and signature of House Member

Date

Name and signature of House President

Date

Name and signature of House or Chapter Officer

Date

I realize that the Oxford House to which I am applying for residency has been established in compliance with the conditions of § 2036 of the Federal Anti-Drug Abuse Act of 1988, P.L. 100-690, as amended, which provides that federal money loaned to start the house requires the house residents to

- (A) Prohibit all residents from using any alcohol or illegal drugs,*
- (B) Expel any resident who violates such prohibition,*
- (C) Equally share household expenses including the monthly lease payment, among all residents, and*
- (D) Utilize democratic decision making within the group including inclusion in and expulsion from the group.*

In accepting these terms, the applicant excludes himself or herself from the normal due process afforded by local landlord-tenant laws.

Oxford House Member Contract For Disruptive Behavior or New Member

House Name: Oxford House - _____ Member Under Contract: _____

Reason for Contract (Check One): Disruptive Behavior (including nonpayment of EES) New Member Contract

Date: _____ Length of Contract (Indicate # of days and start/end dates): _____

(If New Member Contract, skip this section and detail contract terms.)

This contract represents our concern and responsibility as Oxford House members. It is designed to help you help yourself. We have observed the following behaviors and/or patterns that are disrupting this Oxford House.

- 1. _____
- 2. _____
- 3. _____

The house is asking that you modify your behavior in the following ways in order to best facilitate your recovery and the recovery of everyone in the house. The terms of this contract are the following (be specific):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I, _____, acknowledge and understand my house's expectations as outlined in this contract. I am fully aware that if I fail to comply with these terms, any time during the length of this contract, I am subject to immediate expulsion from this Oxford House by a majority vote, as well as possible future Oxford House membership.

Date Signature

We, your fellow Oxford House members, in an effort to support your recovery and uphold the principles of Oxford House, acknowledge the observed behaviors and contract terms above. In the case of a disruptive/relapse behavior contract, our hope is that you will comply with the terms of this contract, as we are prepared to vote to expel you from our house if you fail to do so. In the case of a new member contract, we hope you understand that your probation period is the time in which this Oxford House expects you to show us, by complying with this contract, that you are willing to live according to Oxford House principles and remain a member of our house.

President: _____	Secretary: _____
Treasurer: _____	Comptroller: _____
Coordinator: _____	HSC Representative: _____
Member: _____	Member: _____
Member: _____	Member: _____

Oxford Houses

Emergency Medical Information Release Form

This form is to be used for emergency medical use *only*:

Name: _____ Age: _____

Date of Birth: _____ Blood Type: _____

Primary Physician: _____ Phone # _____

Hospital or Clinic: _____

Insurance: _____

Allergies: _____

Medications: _____

Medical History (major surgeries, contracted diseases, hereditary health problems, etc...):

In Case of Medical Emergency Contact:

1) Name: _____ Phone _____

2) Name: _____ Phone _____

3) Name: _____ Phone _____

I hereby give my consent for emergency medical treatment:

Signature: _____ Date: _____

New Member

My Plan for Recovery

 Print Name

 Date

My plans for following up in recovery: _____

If enrolled in an aftercare program, my plans for attendance: _____

I do _____ do not _____ have a sponsor at this time. If you do not, how soon can you

obtain a sponsor? _____

I plan to attend _____ AA/NA (or other mutual support group) meetings per week?

I am using _____ book for my daily meditation?

I understand that if I have a recurrence of substance use in or out of the house, I will be expelled immediately.

Member Signature: _____

Date: _____

House Officer: _____

Date: _____

House Officer: _____

Date: _____

RELAPSE CONTINGENCY PLAN

I, (print name) _____ understand that per the Oxford House Charter, if I have a recurrence of use I will be immediately expelled from this Oxford House.
 If this should happen, I would like the following actions to be taken:

Check all that apply

Places I can go: Family Friend Detox / Treatment Other

Describe details: including names, phone numbers, and addresses:

People to Notify:

Name	Phone Number	Relationship

I understand I have 30 days to remove all of my personal belongings from this Oxford House and that any items left behind after 30 days will be thrown away or donated to a local charitable organization.

I understand that 72 hours after being expelled, any of my personal items I have not removed from the property will be safely removed from the bedroom and relocated to a storage area.

If I am unable to remove my personal belongings from this Oxford House,
 I give the following people permission to remove them for me:

Name	Phone Number	Relationship

Member Signature: _____

Date: _____

President Signature: _____

Date: _____

Witness Signature: _____

Date: _____

12-STEP MEETING VERIFICATION FORM

THIS IS TO CERTIFY THAT _____ ATTENDED THE AA/NA MEETING
AT _____ AND STAYED FOR THE ENTIRE MEETING.
DATE _____ SIGNATURE _____

THIS IS TO CERTIFY THAT _____ ATTENDED THE AA/NA MEETING
AT _____ AND STAYED FOR THE ENTIRE MEETING.
DATE _____ SIGNATURE _____

THIS IS TO CERTIFY THAT _____ ATTENDED THE AA/NA MEETING
AT _____ AND STAYED FOR THE ENTIRE MEETING.
DATE _____ SIGNATURE _____

THIS IS TO CERTIFY THAT _____ ATTENDED THE AA/NA MEETING
AT _____ AND STAYED FOR THE ENTIRE MEETING.
DATE _____ SIGNATURE _____

THIS IS TO CERTIFY THAT _____ ATTENDED THE AA/NA MEETING
AT _____ AND STAYED FOR THE ENTIRE MEETING.
DATE _____ SIGNATURE _____

THIS IS TO CERTIFY THAT _____ ATTENDED THE AA/NA MEETING
AT _____ AND STAYED FOR THE ENTIRE MEETING.
DATE _____ SIGNATURE _____

Name: _____

VOLUNTEER SLIP

	Date	Volunteer Location	Hours	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

NOTE: THIS FORM MUST BE SIGNED BY THE ORGANIZATION YOU ARE VOLUNTEERING FOR. If a member does not work (for example, retired or on disability), they must either participate in at least 20 hours of volunteer work per week or be enrolled as a full-time student. All house members will be involved in a combination of work, volunteer work, and/or school for at least 20 hours per week. This form is required to be submitted at the weekly house meeting.